

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596897

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/					
9		2				
10		2		/		
11		2		/		
12		3		/		
13		0				
14		0		/		
15		0		/		
16		0		/		
17		0				
18		0		/		
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.	14	↓	6	↓		↓
TOTAL DEP.	25	←	31	←		←
TOTAL CLAIMS	39		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			18			